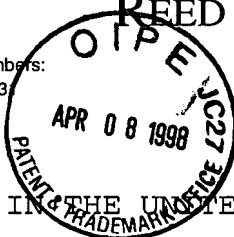


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Johnson et al.

Serial No.: 08/288,577

Filed: August 10, 1994

Art Unit: 2761

Examiner: Junghoon Kenneth Oh

Atty. Docket No.: 95-185

ELECTRONIC SOURCING SYSTEM AND METHOD

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Pittsburgh, Pennsylvania 15230

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

- ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

☒ deposited with the United States Postal Service on April 6, 1998 with sufficient postage as first-class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Type Signature Name

Beth A. Sullivan

Beth A. Sullivan
04/10/1998 LSNEED
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110.00 DP

(Signature of person mailing paper or fee)

Harrisburg, PA McLean, VA Newark, NJ New York, NY Philadelphia, PA Princeton, NJ Washington, DC

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2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☐ Also enclosed:
5. ☒ No fee for extra claims is required.
6. ☐ The fee for extra claims has been calculated as shown below:


	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Extra Present (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY		
							RATE	FEE			RATE	FEE	
Total Claims	51	-	**57	=	*31	X	\$ 11	= \$	OR	X	\$ 22	= \$	
Ind. Claims	10	-	***27	=	*7	X	\$ 41	= \$	OR	X	\$ 82	= \$	
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$135	= \$	OR	+	\$270	= \$	
							<u>TOTAL</u>	= \$	OR		<u>TOTAL</u>	= \$0	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check for \$[Amount] to cover the extra claims fee.
8. ☐ The Commissioner is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Dated: April 6, 1998


 Gene A. Tabachnick
 Reg. No. 33,801

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